

COVID-19 in Complex Emergencies: Do No Harm

Summary

The COVID-19 lockdown and isolation measures aim to protect people from transmission of the disease. Yet, they have devastating consequences on people's livelihoods, especially in the context of complex emergencies where governance is fragile, health systems are weak and populations displaced. Humanitarian standards demand that we ensure the people we support are not negatively affected. This requires consultation with affected communities, adaptation and constant monitoring of interventions.

Key question

How do we ensure that humanitarian action does not increase the risks for people affected by COVID-19?

The Standards

Sphere Protection Principle 1 is about avoiding exposing people to further harm as a result of interventions. Complex emergencies demand multiple interventions, and each new component increases the risk of negative impact. **Core Humanitarian Standard (CHS) Commitment 3** requires that people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action. CHS **Key Action 3.2** suggests using the results of community hazard and risk assessments and preparedness plans to guide the response. This enables humanitarian actors to understand and address the needs and capacities of different groups who have different risk levels.

Sphere standards help people survive and recover with dignity and should be applied using a “do-no-harm” and risk reduction lens, since COVID-19 measures can have negative effects on aspects of people's lives. The **Minimum Economic Recovery Standards** (MERS) and other **Humanitarian Standards Partnership** (HSP) standards are also relevant.

The case of the Middle-East and North Africa region

In Middle-East and North Africa (MENA), COVID-19 added yet another layer to existing and already complex, long term crises. By March 2020, the threat of COVID-19 infection in the region became apparent and governments began implementing containment measures including closure of borders, curfews, restrictions on movement, social distancing, and suspension of public offices, educational institutions, factories and small businesses. By September, the virus had hit over 1.5 million people in the region and impacted not only on their health, but also on education, livelihoods and other areas.

“If we are to understand the way COVID-19 is spreading, we must study the context of our work and we should understand the repercussions of some of our humanitarian actions. How can we protect people against danger and preserve their dignity? What services do they need? What are the risks and opportunities? Sometimes we add to their problems. A person with COVID-19 should not suffer from stigma at quarantine centers, for instance. If we assess that our intervention would inflict harm we should seek an alternative”, argues Hamza Hamwie, Sphere focal point for the MENA region. Below are stories of practitioners in the region, sharing their experience and reflecting on Sphere's approach based on understanding risks, vulnerabilities, capacities and needs.

Libya. MIGRACE, a Sphere member organisation working in detention centers for migrants in Tripoli (Libya) noticed large numbers of new people coming to the already overcrowded centers, with no appropriate space for quarantine or isolation. MIGRACE raised awareness with guards and migrants, stressing the importance of social distancing and hygiene, making



A distribution point managed by the Syrian Arab Red Crescent (SARC).
Photo: SARC

sure they had access to protective equipment, hygiene kits and the option to separate newcomers from others in the center.

Syria. “The distribution of food baskets presented a risk of COVID-19 transmission”, reported Maher Al-Arbrsh, Sphere trainer in Syria. “We developed a specific protocol for cleanliness, hygiene and social distancing and decreased the total number of beneficiaries collecting baskets on the same day from 300 to 200 using mobile texts. We also delivered baskets to the elderly directly to their homes. COVID-19 made the Syrian Arab Red Crescent’s work more difficult. In some places, people refused to wear masks, saying that the threat of COVID-19 was less important than finding work to pay for food”.

Yemen. A survey conducted by Tamdeen Youth Foundation (TYF), another Sphere member organisation in the region, found that 85% of respondents prefer cash assistance to the distribution of non-food items. Cash, they explained, gives people the flexibility to buy the things they need most. According to TYF, transferring funds through existing or new modalities – based on verified assessment data – was vital in delivering a rapid response adapted to current needs on a massive scale.

Lebanon. “We asked the community for feedback regarding our services, whether we were responding to their needs and doing no harm”, explained Hiba Hamzi from Nabaa, a CHS Alliance member organisation in Lebanon. “We conducted surveys and set up Whatsapp focus groups, a hotline and complaint mechanism following **CHS Commitments 4 and 5.**” Nabaa adapted its interventions to reduce health risks, including by creating COVID-19 awareness materials specifically designed for different groups – girls, women and parents. Nabaa’s education programme was adapted, with teachers being trained to deliver remote classes and learning materials being provided to homebound children (see also **INEE Minimum Standards for Education in Emergencies**).

Lessons

It is essential to assess the risk of negative impacts when new interventions for pandemics such as COVID-19 are introduced in complex emergencies. This requires understanding and addressing the needs and capacities of groups who are exposed to different levels of risk, as well as adapting interventions to avoid additional harm. Cash programming may help empower people receiving assistance where their livelihoods are affected by lockdown measures. However, this requires preparation and attention to several factors:

1. Analyse agency plans for the potential scale-up of cash assistance, including a review of targeting criteria.
2. Conduct market analyses to determine the capacity of markets to absorb large volumes of cash transfers.
3. Assess the capacity of financial service providers.
4. Conduct a mapping of mobile money services and undertake high-level advocacy with banks to increase the number of mobile money providers.
5. Promote greater linkage and alignment between the humanitarian cash response and existing social protection systems.
6. Develop the capacity of partners to adopt cash programming in response to COVID-19.

Resources

- “**Delivering assistance through markets**” appendix, Sphere Handbook 2018.
- “**Community engagement is crucial**”, WASH chapter introduction, Sphere Handbook 2018.
- Watch Sphere’s webinar recording “**Complex emergencies in COVID times: MENA region in focus**” (2020).
- Read the **Sphere guidance on COVID-19 response and specific guidance on cash and voucher assistance**.
- **Other standard initiatives:** INEE Minimum Standards for Education, Minimum Economic Recovery Standards (MERS), Child Protection Minimum Standards

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